

County: La Crosse
 MULDER HEALTH CARE FACILITY
 PO BOX 850

Facility ID: 5810

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WEST SALEM 54669 Phone: (608) 786-1600

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 91

Total Licensed Bed Capacity (12/31/00): 102

Number of Residents on 12/31/00: 85

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Average Daily Census:

Corporation

Skilled

No

Yes

83

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.9
Supp. Home Care-Personal Care	No					1 - 4 Years		40.0
Supp. Home Care-Household Services	No	Developmental Disabilities	1.2	Under 65	2.4	More Than 4 Years		27.1
Day Services	No	Mental Illness (Org./Psy)	18.8	65 - 74	4.7			-----
Respite Care	No	Mental Illness (Other)	2.4	75 - 84	36.5			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	43.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.2	95 & Over	12.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	14.1		100.0	(12/31/00)		
Other Meals	No	Cardiovascular	11.8	65 & Over	97.6	-----		
Transportation	No	Cerebrovascular	18.8		-----	RNs		16.1
Referral Service	Yes	Diabetes	2.4	Sex	%	LPNs		5.7
Other Services	No	Respiratory	7.1		-----	Nursing Assistants		
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	22.4	Male	18.8	Aides & Orderlies		
Provide Day Programming for Developmentally Disabled	No		100.0	Female	81.2	41.7		

					100.0			

					100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	3	100.0	\$119.00	47	77.0	\$93.64	0	0.0	\$0.00	8	38.1	\$127.00	0	0.0	\$0.00	58	68.2%
Intermediate	---	---	---	14	23.0	\$76.39	0	0.0	\$0.00	13	61.9	\$121.00	0	0.0	\$0.00	27	31.8%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	3	100.0		61	100.0		0	0.0		21	100.0		0	0.0		85	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing Assistance of	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	% Independent	One Or Two Staff		
Private Home/No Home Health	14.4	Daily Living (ADL)				
Private Home/With Home Health	0.0	Bathing	3.5	76.5	20.0	85
Other Nursing Homes	4.5	Dressing	17.6	77.6	4.7	85
Acute Care Hospitals	78.4	Transferring	43.5	38.8	17.6	85
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	40.0	42.4	17.6	85
Rehabilitation Hospitals	0.0	Eating	61.2	29.4	9.4	85
Other Locations	2.7	*****				
Total Number of Admissions	111	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter		2.4	Receiving Respiratory Care	17.6
Private Home/No Home Health	39.4	Occ/Freq. Incontinent of Bladder	40.0		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	6.7	Occ/Freq. Incontinent of Bowel	27.1		Receiving Suctioning	0.0
Other Nursing Homes	12.5				Receiving Ostomy Care	1.2
Acute Care Hospitals	13.5	Mobility			Receiving Tube Feeding	2.4
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained		8.2	Receiving Mechanically Altered Diets	23.5
Rehabilitation Hospitals	0.0					
Other Locations	2.9	Skin Care			Other Resident Characteristics	
Deaths	25.0	With Pressure Sores		3.5	Have Advance Directives	76.5
Total Number of Discharges		With Rashes		11.8	Medications	
(Including Deaths)	104				Receiving Psychoactive Drugs	54.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	This Facility	Peer Group	Ratio	100- 199	Peer Group	Skilled	Peer Group	Facilities	Ratio
	%	%		%	Ratio	%	Ratio	%	
Occupancy Rate: Average Daily Census/Licensed Beds	81.4	82.5	0.99	83.6	0.97	84.1	0.97	84.5	0.96
Current Residents from In-County	90.6	83.3	1.09	86.1	1.05	83.5	1.08	77.5	1.17
Admissions from In-County, Still Residing	22.5	19.9	1.13	22.5	1.00	22.9	0.98	21.5	1.05
Admissions/Average Daily Census	133.7	170.1	0.79	144.6	0.93	134.3	1.00	124.3	1.08
Discharges/Average Daily Census	125.3	170.7	0.73	146.1	0.86	135.6	0.92	126.1	0.99
Discharges To Private Residence/Average Daily Census	57.8	70.8	0.82	56.1	1.03	53.6	1.08	49.9	1.16
Residents Receiving Skilled Care	68.2	91.2	0.75	91.5	0.75	90.1	0.76	83.3	0.82
Residents Aged 65 and Older	97.6	93.7	1.04	92.9	1.05	92.7	1.05	87.7	1.11
Title 19 (Medicaid) Funded Residents	71.8	62.6	1.15	63.9	1.12	63.5	1.13	69.0	1.04
Private Pay Funded Residents	24.7	24.4	1.01	24.5	1.01	27.0	0.91	22.6	1.09
Developmentally Disabled Residents	1.2	0.8	1.53	0.8	1.43	1.3	0.94	7.6	0.15
Mentally Ill Residents	21.2	30.6	0.69	36.0	0.59	37.3	0.57	33.3	0.64
General Medical Service Residents	22.4	19.9	1.12	21.1	1.06	19.2	1.16	18.4	1.21
Impaired ADL (Mean)	40.7	48.6	0.84	50.5	0.81	49.7	0.82	49.4	0.82
Psychological Problems	54.1	47.2	1.15	49.4	1.10	50.7	1.07	50.1	1.08
Nursing Care Required (Mean)	7.5	6.2	1.22	6.2	1.21	6.4	1.16	7.2	1.05